

THE HOSPITAL
FORT SCOTT, KANSAS

Furnishing Plan
Section E

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RECOMMENDED FURNISHINGS

At the time restoration of the hospital building at Fort Scott commenced, the decision to refurnish only one ward of the structure was made. The location of the hospital on the perimeter of the parade ground nearest parking areas made it the logical choice for additional visitor services. The second ward on the main floor and the former offices, supply rooms, dispensary, etc. on the lower floor were not restored but converted to such future uses as display areas, projection rooms, offices, and restroom facilities. One ward only is to be furnished to its appearance during the military period.

The furnishing plan that follows interprets an army hospital ward, c. 1843-1853. In the absence of data relating specifically to Fort Scott, information regarding contemporary frontier hospitals has been used. The simplicity of the furnishings is based on descriptions of wards written by army doctors in reports dating 1839-1855, 1855-1860, 1870, and 1875. Although the majority of these reports are later than the period of refurnishing, the descriptions are more detailed than the 1835-1855 accounts. Improvements in hospitals appear to have been comparatively few prior to and in some cases following the Civil War. The army allowed few comforts and no frills to its sick and wounded during the 19th Century. Although malingerers may have looked upon a stay in the hospital as a few days reprieve from duty, many soldiers regarded confinement in an army hospital as tantamount to certain death, so crude were medical treatments.

Although not completed, the hospital at Fort Scott was occupied in the fall of 1843. Construction had been

rapid despite periodic breakdowns at the sawmill. Over a six year and nine month period (May, 1842, to January, 1849), 3,415 cases in a command of 3,034 men were treated at Fort Scott.^{1/} This averaged about 1.3 patients a day. At peak periods of illnesses, such as the third and fourth quarters of 1842 and 1845, the wards must have been filled with patients suffering from malarial fevers. Respiratory diseases occupied the attention of the post surgeon and his staff, when the soldiers were working the lowlands around the fort. Pneumonia, which struck in the winter, was a disease that was dreaded and usually fatal.^{2/} Since operating and intensive care rooms were virtually unknown, surgical cases occupied beds in the ward while recuperating.

Present plans call for a ward containing six beds. The predication that each ward held six beds is based on the medical department's ideal (but probably seldom realized) 1200 cubic feet of air per patient in a room of approximately 6955 cubic feet. Obviously, this rule of thumb was not always met. At Fort Gibson in 1870, for instance, the hospital wards were furnished with sixteen iron bedsteads, allowing air space of 317 cubic feet per man.^{3/} Since the Fort Scott hospital was new, however, attempts to provide the maximum amount of air space for each man may have been successful--at least initially.

Special mention should be made here of the type of hospital bed recommended. Reports from the medical records dating 1839-1855 indicate several types of bedsteads were in use. Transportation costs, permanency, and size

- 1/ Richard H. Coolidge, Statistical Report on the Sickness and Mortality in the Army...(Washington, 1857), 158-160. Hereafter referred to as Report 1839-1855.
- 2/ P. M. Ashburn, A History of the Medical Department of the United States Army (Boston, 1929), 118.
- 3/ Circular No. 4. A Report on Barracks and Hospitals...(Washington, 1870), 269.

of post were important factors in determining what the surgeon was able to obtain. At Fort Scott as late as 1848 bunks still had not been built in the barracks for the men's use. The fact that the soldiers did not have bunks in their barracks indicates the post had not achieved the comforts of permanent forts in the East. Although iron bedsteads were part of hospital supplies issued as early as 1857 (see Appendix, Section D), reports of this and subsequent periods indicate they did not reach many frontier posts. Almost any type of bedstead, including the double bunk, was in use. The malaria epidemics of 1843 and 1845 would have necessitated prompt measures for the hospital care of patients, and it is reasonable to presume the bedsteads in this hospital, like those requested for the barracks, were fabricated of wood at the post.

The construction of the recommended bedstead is a composite of hospital and barrack beds seen in sketches and photographs of the Civil War period^{4/} Change came slowly in the army, and the pattern used prior to the war probably was followed by the Union forces assembled during the early years of the great conflict. In only one sketch of a Georgetown, D. C. ward can wooden bedsteads be seen. These are spool beds, dating c. 1850-1870^{5/} All others are either metal or conform to descriptions of bunks in the early reports. For reasons previously stated, the bunk-type bedstead is recommended. Framework from which mosquito netting can be hung is optional. In 1845

^{4/} Francis T. Miller (Ed.), The Photographic History of the Civil War. Prisons and Hospitals (New York, 1957), photographs on 263, 274-275, 279, 291, 294, 295, and 324; John S. Blay, The Civil War, a Pictorial Profile (New York, 1958), 228; and the Harper's Weekly illustration (see Section D, 13a).

^{5/} Thomas H. Ormsbee, Field Guide to American Victorian Furniture (New York, 1952), 342.

mosquitos were a serious problem at Fort Scott and probably account for the rise in malaria cases. Netting was part of supplies issued to hospitals, and a thoughtful surgeon, such as Dr. Walker, might have ordered it used around the sick beds. Although the source of malaria was not then known, mosquitos in themselves would have been nuisances. The method of hanging the netting is similar to that in the photograph taken in a ward at Harewood General Hospital, Washington, in 1864^{6/}

The bedding recommended is very simple. Unless a bed was occupied, the mattress, linens, blankets, etc. probably were kept in the storeroom. The degree to which the bedding is displayed is dependent upon the amount of money available for refurnishing the ward. Army blankets and coverlets of the Mexican War period are rare and difficult to obtain. It is left to the discretion of the furnishing curator to determine whether a bedstead is completely furnished with bedding or not. If funds are not available for such a purpose, an explanation can be given by members of the staff conducting tours of the area.

The bedside tables recommended are based on the descriptions of furnishings in the later hospitals at Fort Yuma and Fort Harker. The tables would have been used for medicines, meals for non-ambulatory patients, candles for all-night vigils, dressings, etc. One large table is recommended also. This would have been used at mealtime by recuperating patients (dining rooms came later) and for recreational purposes, such as card playing. This same table may have seen duty as an operating table, when occasion demanded. Few hospitals

^{6/} Miller, photograph on 294.

had separate operating rooms at this period.

Surprisingly, because medicines are administered at regularly spaced intervals, clocks are not mentioned among the stores available to hospitals as late as 1857. Perhaps the bugle calls floating across the parade ground were reminders enough. Light was provided by candles. Rooms were heated in the winter by fireplaces, in areas such as Fort Scott, where wood was easily obtained.

A few furnishings are suggested for the hallway, which probably originally was used as a waiting room by soldiers answering surgeon's call. The suggested benches could be used by present day visitors. Waiting for a slide show to begin or for a tour to start can be tiring to the elderly and mothers with small children. Such conveniences are much appreciated but should be sturdy enough to support continued use.

*benches
+ exhibits*

WARD

Doors- Each door of the ward should have the word "WARD" stenciled in plain black letters on its frame.

Beds- The beds recommended are bunk beds, made from lumber then available at the post. Later, cots or wooden bedsteads may have become available, but during the early history of the hospital, when post construction was intense, "joiners" or cabinetmakers to fabricate furniture were not readily available. Frontier post surgeons often complained that the hospitals, once built, were the last to receive further attention from the quartermaster.

The bunks recommended are similar to those appearing in photographs taken during the Civil War. A sketch of the type recommended appears in the Appendix. To provide conformity, it is recommended that the bunks be reproduced. The same wood used in the restoration of the hospital should be used

to make the bedsteads. The wood should be cut to 19th Century standards, which allowed a full inch to each inch of board.

The frame should consist of four posts, two side and two end rails. A small headboard is permissible but not required. The beds should be six feet in length and 27 to 36 inches in width. The posts should be approximately 18 to 20 inches high and be made from four-to five-inch square lumber. In the side of each post mortices should be cut into which tenons at the ends of the rails may be fit. (Civil War photographs show a rail that appears to be nailed directly to the post. Quartermaster Swords had the facilities to construct a more durable bed and probably did so.) At six to 10 inch intervals small holes should be bored in the side and end rails. Through these rope should be passed and drawn taut to form a frame on which the mattress was placed. This rope also helps to hold the frame together. Military records give no indication as to when slats replaced rope in beds. From a practical standpoint, rope, available at every post, appears to be a framework the army would have favored over an extended period of time.

Accessories- Canvas mattress covers should be made to fit the bed frames. These should be 27 to 36 inches wide and six feet long to fit the bunks. Each mattress cover displayed should be stuffed with from 12-15 pounds of fresh hay or straw.

Pillow covers should be made of blue and white ticking. These also should be stuffed with hay or straw. Plain white cotton cases should be used to cover the pillows.

Blankets of the Mexican War period are rare. If one can be obtained, it should be used. If not, reproductions as close to the original as possible are recommended.

White cotton sheets should be used to cover the mattresses. A second sheet to cover the patient may be pulled over each mattress or

may be folded neatly at the foot of the bed.

Mosquito netting- Mosquito netting is optional. If used, it should be cotton net. The method of draping mosquito netting can be seen in the photographs on pages 294 and 295 of Miller's Photographic History of the Civil War.⁶⁷ The net is hung from two poles attached to the wall over the bed. The net could be looped up over the poles or allowed to descend around the bed.

Bedside tables- Between the six beds, a total of four small tables should be set. These probably would have been made by the quartermaster for the hospital's use and should be identical. For this reason, it is recommended that the bedside tables be reproduced. The wood should be walnut, and the plan should follow that of the drawing in the Appendix. The finish on each table should match the woodwork in the ward. The table top should be made from one-inch board. The table may be square or rectangular, approximately 16 or 20 inches, and should overhang the skirt. The skirt should be made from three-inch width board. The table should be supported by four square tapering legs from 27 to 29 inches tall.

Accessories- At least one table might have a basin and pitcher on it for the use of a non-ambulatory patient. The basin and pitcher should be tin. The basin should be about 10½ inches in diameter and 2½ inches deep. The pitcher may have a tapering body, flaring lip, and riveted and soldered handle. Specimens excavated at Fort Scott may give clues as to the appearance of these or similar items. Beside the basin a plain linen or huck towel and a bar of soap may be placed.

On another table a small tin box or sack might be set. This could hold tobacco a recuperating soldier might chew or smoke. A clay pipe of the type excavated at Fort Scott might lay beside the tobacco.

*fixed out
pail - white
metal*

Suggested items that might be set on other tables are a medicine bottle (corked) with a tin spoon, and a book of the period.

Sawbuck table- The table at which the men ate should be a 19th Century sawbuck table that was made at the post. It may be reproduced in either oak or walnut, if an original piece of the period cannot be found. The top should be approximately five feet long by 32 inches wide. The legs should be X-shaped, braced by four-to six-inch wide boards. Although at times the table may have been set between the two doors of the ward, it probably was more often located near the center of the room.

Accessories- On top of the sawbuck table, a brass or copper water bucket should be set. This may have an iron handle riveted to the body. Early brass buckets are hammered. Not until 1851 was the spun bucket invented. The Historical Society at Fort Scott has several old buckets. One may be of the proper period to use here.

The bucket should be covered with a white linen cloth to protect the contents from insects.

*Men's
cards by
Hart*

In the pail a tin or brass dipper with riveted handle should be placed. At this time there was no knowledge of diseases spread by use of a community cup.

If a deck of cards of this period can be located, it should be laid out on this table. The cards might be home-made by soldiers to pass the time.

Benches- Two benches for the men to use when eating should be set near the table. Like the other furnishings, these would have been quartermaster made. They may be reproduced if original benches cannot be found. The tops should be made of inch board. Each bench should be approximately 12 to 14 inches wide. The top should overhang the legs, which may be boards cut into a V-shape at the bottom or canted round legs.

7/ Thomas H. Ormsbee, Field Guide to Early American Furniture
(New York, 1951), 113.

show legged
Stool- A round, four-legged stool may be set under the window near the fireplace. This would have been for the convenience of attendants or visitors. The stool may show considerable use and wear.

Chair- A chair, also for the use of visitors, may be placed near one of the beds. The style of the chair is not particularly important, but it must be of the period. One of the following is recommended:

Slat-back ladder chair- This is an early style chair that continued in use over an extended period of time. The chair has plain rounded legs and usually a rush seat. The rear legs extend to form the back frame which has from three to five slats or ladders between. Double stretchers usually join the four legs.

Arrow-back Windsor- This has turned splayed legs that are plain or bamboo ringed. The seat is shield-shaped or square. The back has a backward curve formed by two plain or bamboo-turned uprights connected by a flat top rail. The seat and top rail are connected by three to five flat arrow-shaped splats. Often these were painted black or yellow with stencil designs. The chair dates 1810-1835^{8/}.

Fire-house Windsor- This type of chair was used extensively in offices. The front legs are slightly ring-turned and tapering, while the rear legs are plain and canted. Box stretchers reinforce the legs. The seat is U-shaped. The continuous arm is horse-shoe-shaped and terminates in rounded ends. It is supported by seven to nine^{9/} spindles. The chair dates 1840-1865⁺.

Lanterns-Two candle lanterns should be hung beside the doors leading from the ward. These would have been for the use of men leaving the room at night to use the outside privy. The lantern could also be used by a night

8/ Ibid., 99.

9/ Ibid., 100.

attendant. The lantern recommended is a very old style that was used during the Civil War also. This is the pierced tin lantern, with round body, door, and cone-shaped top. The lantern could be hung by a flat tin ring attached to the top of the lantern.

Candle holders- Tin reflector candleholders should be hung between the windows on the north and south walls of the ward. Although men rose at dawn and retired with the dark, some supplemental lighting would have been needed. Tin reflectors usually were slightly fluted and polished to reflect the maximum light. Candles should be set in the stub holders at the front.

On the mantel two other candlesticks should be placed. These should be made of sheet iron or tin. The form should be very simple. The base should cup downward and the stem should be from six to eight inches in length. The lip should flair outward and be about one inch in size. The candlesticks may or may not have a carrying handle. The candles in the sticks should be partially burned. The Historical Society has an old candle mold, which might be used to fashion the old style candles of tallow. The army supplied the candles in use, but there were complaints that the issue was too soft.

Mantel- In addition to the candlesticks recommended for the mantel, a few other items may be placed here. These include a small tin or brass box for matches, a wicker covered bottle, a record book, and a small glazed ink bottle and pen.

*Shade
Paint
Sticks*

*not suggested
the rules*

Over the mantel a flag should be hung. Views of the Civil War hospitals show flags displayed in various ways. Patriotism ran high during the Mexican War also, and a flag may well have been in evidence in the ward. A display of the colors will help to establish the ward as army and as of the early period. The flag probably would be a 26 star flag, since new flags for each state admission would be slow to reach frontier posts. The arrangement of the stars was not consistent even through the Civil War period. The possibility of obtaining an original flag is remote. Many

colors were made of silk, which has deteriorated through the years. Unless an old flag can be obtained, it is recommended that a reproduction be purchased or made for display here.

Fireplace- The fireplace is not workable and has been blocked off to accommodate modern heating and air conditioning units. To utilize the fireplace as part of the furnishing plan, it is suggested that a fireboard be constructed to fit the opening. Fireboards were used during the early 19th Century to close fireplace openings during the summer months. Usually they were decorated with scenes or designs. It is possible that a fireboard was fitted into the fireplace in the ward to prevent the entry of birds or squirrels. The fireboard may be painted dark brown or black. A crude sketch, such as a soldier might do, or a simple stencil "Medical Department, U. S. Dragoons" could be painted on the front.

Iron tools should be hung beside the opening from jam hooks. These should include the poker and a shovel or pair of tongs.

↓
Near the opening, a bucket or a wooden pail filled with sand should be set. This was for the ashes of those smoking pipes or for the use of those who chewed tobacco.

Miscellaneous- A cedar scrub bucket with splint or iron bands should be set in the corner by the fireplace. This would have been used during emergency sickness and for cleaning purposes. A splint broom may stand beside the bucket.

Curtains- Since the hospital is surrounded by porches, no curtains are recommended for the ward. Roller shades would not have been provided by an army that had little money for frills.

Carpets- The floors should be bare of any carpeting or throw rugs.

HALLWAY

Benches- It is suggested that benches similar in construction to those recommended for the ward be placed in the hallway. These should be constructed of new wood and be sturdily built. They are for the convenience of present-day visitors. It is recommended that the benches be made of walnut and stained to match the woodwork in the hospital.

PORCHES

Benches- Situated as it is on the perimeter of the fort, the hospital has a commanding view of the entire post. The vista from the north porch, particularly, will attract visitors. It may also serve as a collecting point for tours. It is recommended that benches similar to the ones described above be placed on the north and south porches. Elderly visitors accompanying younger people, who do not wish to take the tours, may find these seats convenient waiting places during the summer and inclement weather.

ESTIMATES

WARD

| | |
|-----------------------------|---------|
| Bedsteads (six) | \$ 700. |
| Mattresses, pillows, sheets | 250. |
| Blankets | 1000. |
| Mosquito netting (optional) | 200. |
| Bedside tables (four) | 300. |
| Accessories for tables | 210. |
| Sawbuck table | 200. |
| Accessories for table | 90. |
| Benches (two) | 150. |
| Stool | 70. |
| Chair | 250. |
| Lanterns (one) | 50. |
| Candleholders (four) | 180. |
| Mantel items | 140. |
| Flag, 26 star | 450. |
| Fireplace items | 180. |
| Cedar bucket, broom | 135. |
| | <hr/> |
| | \$4555. |

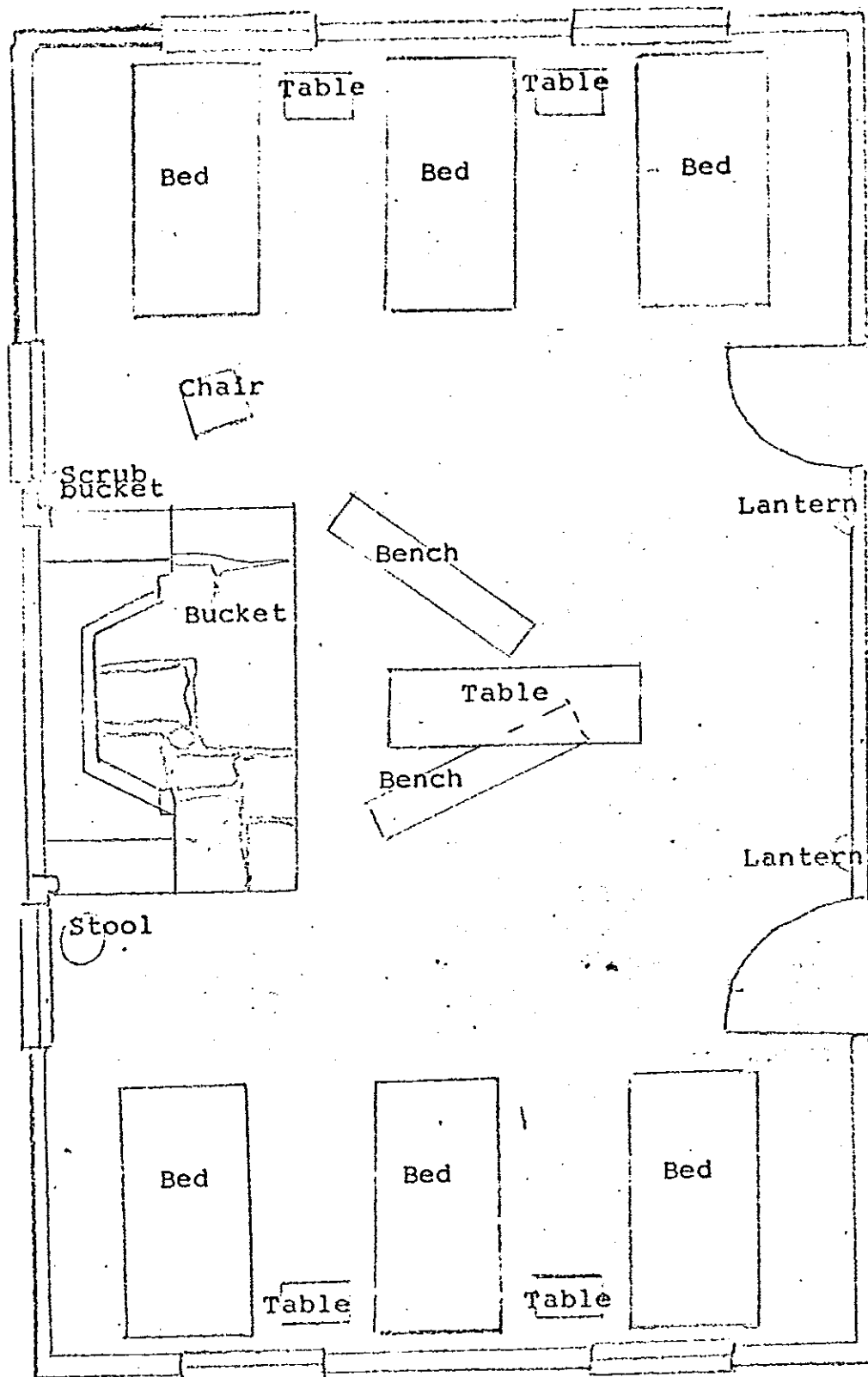
HALLWAY

| | |
|---------|---------|
| Benches | 150. |
| | <hr/> |
| | \$4705. |

PORCHES

| | |
|---------|---------|
| Benches | 500. |
| | <hr/> |
| | \$5205. |

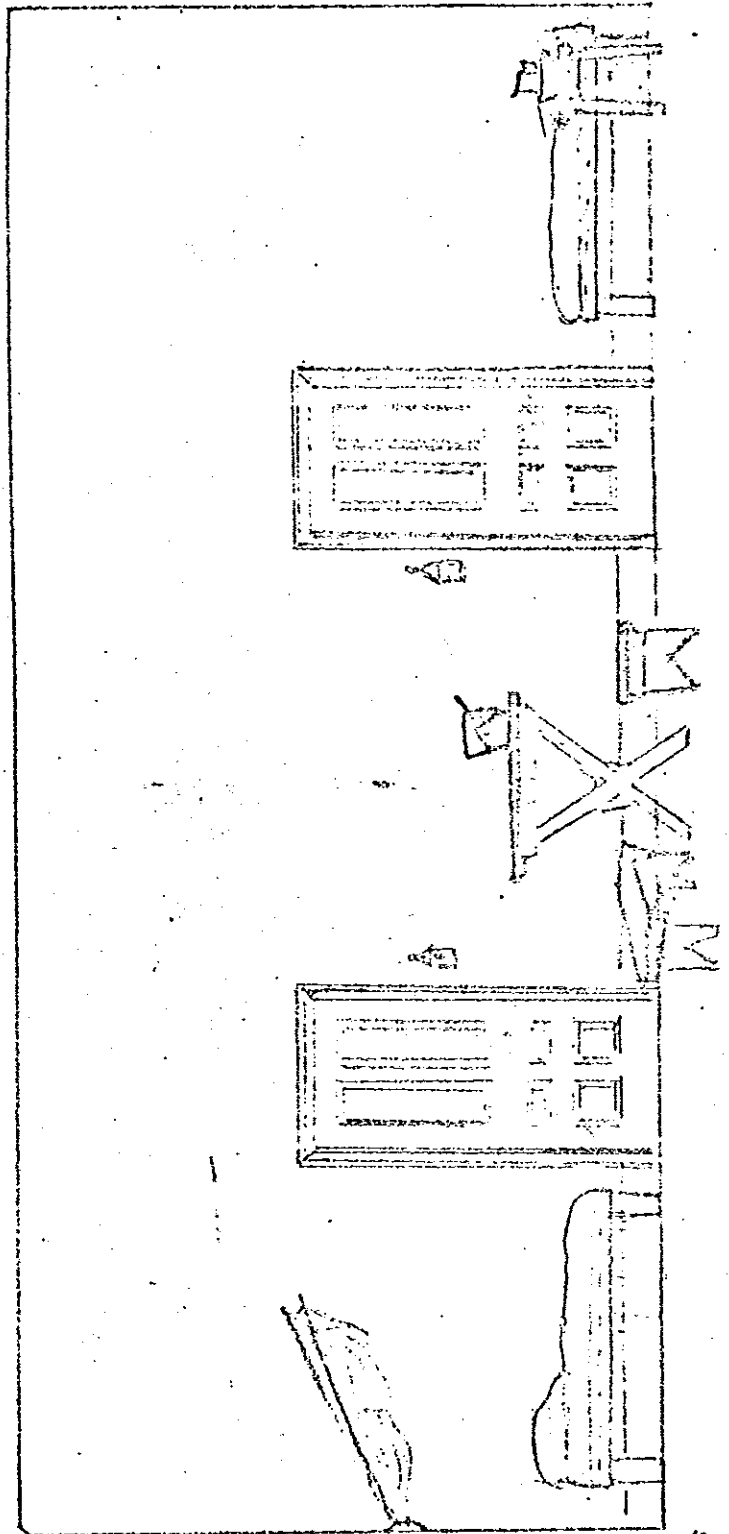
FLOOR PLANS AND ELEVATIONS



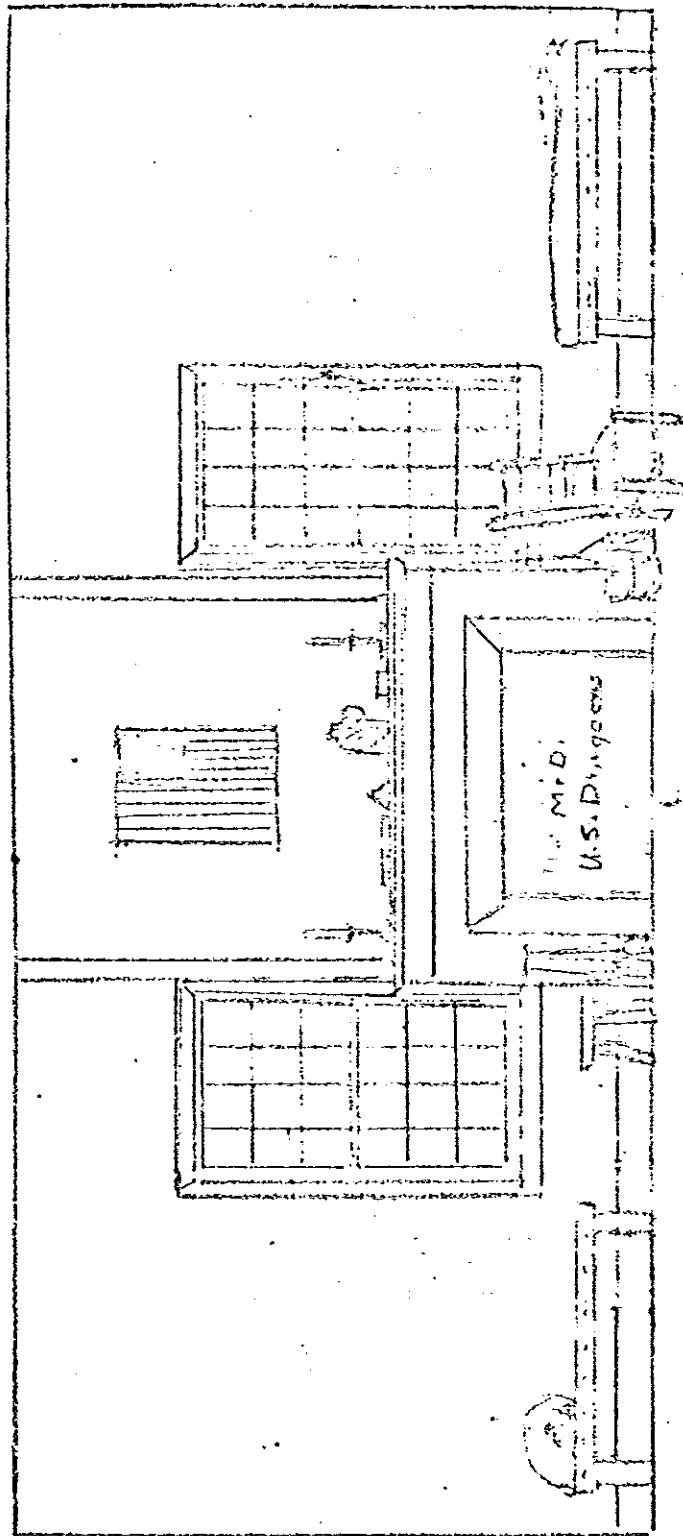
N

WARD

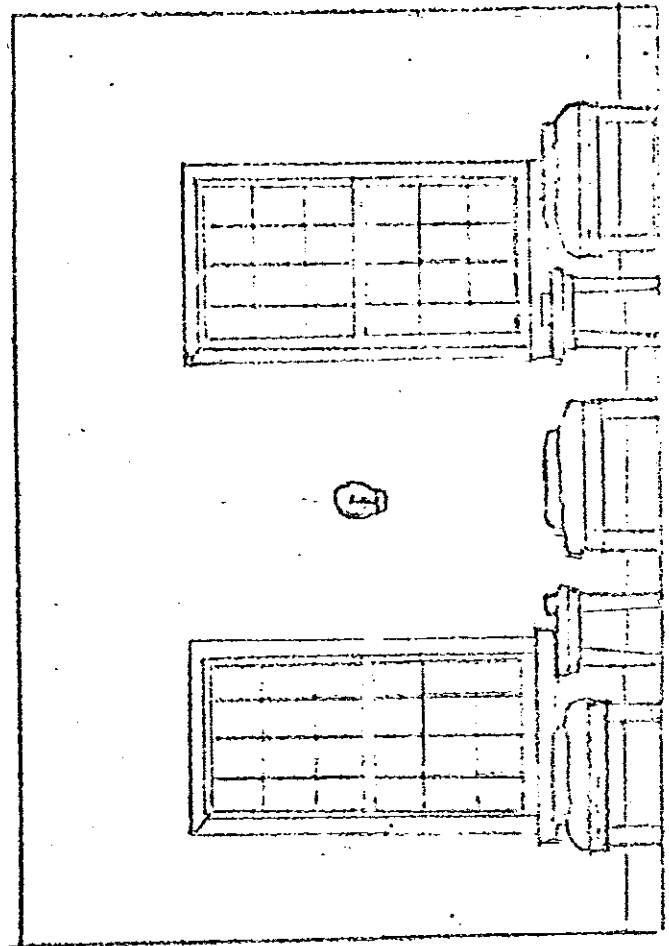
approx.
 $\frac{1}{4}" = 1'0"$



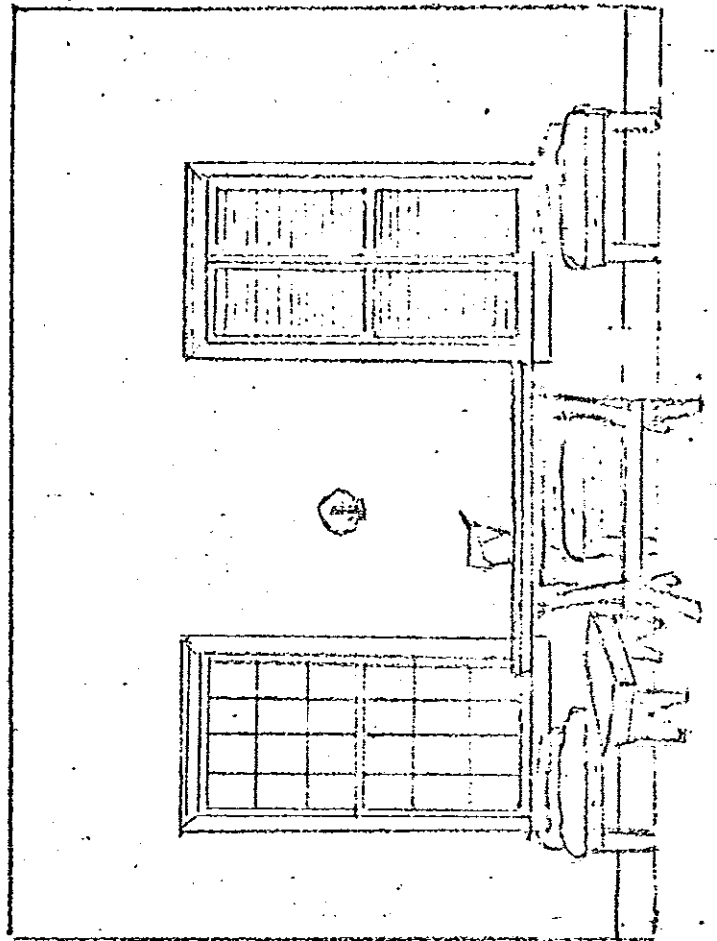
East Elevation



West Elevation

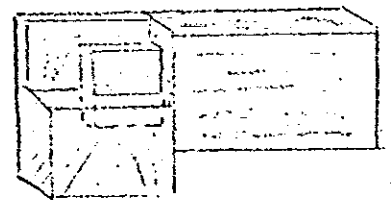
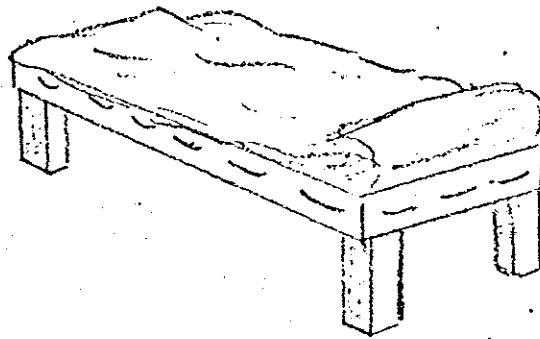
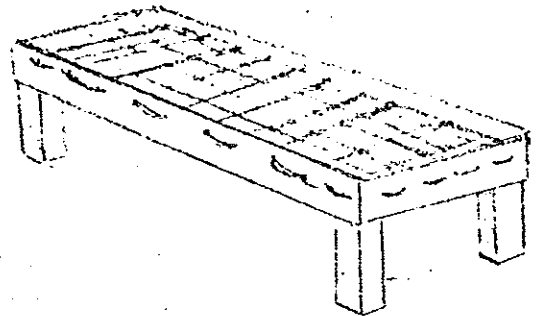


South Elevation



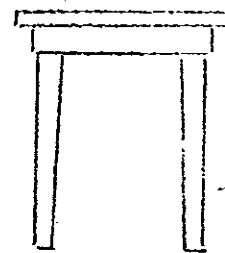
North Elevation

APPENDIX



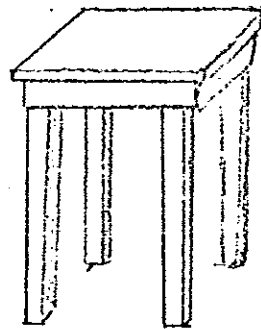
Mortise and Tenon

Plan for Hospital Beds

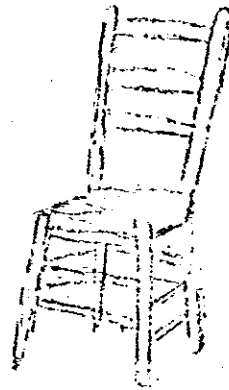


top
skirt

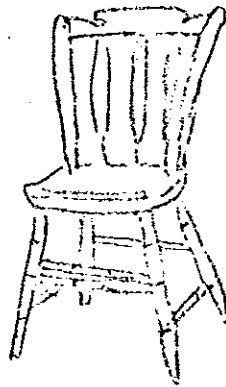
leg



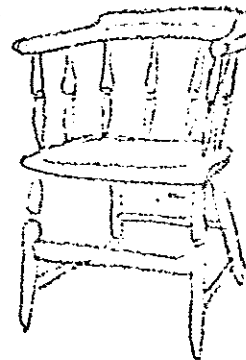
Plan for Bedside Tables



Slat or Ladder Back

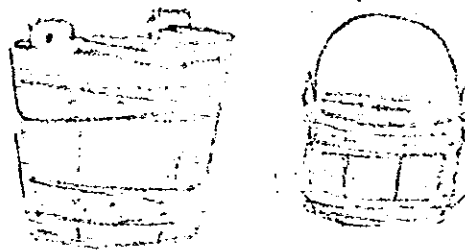


Arrow-Back Windsor

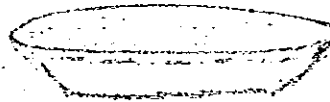


Fire-House Windsor

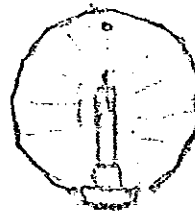
CHAIRS



Wooden Scrub Buckets



Basin



Reflector Light

THE HOSPITAL
FORT SCOTT, KANSAS

Furnishing Plan
Section F
and
Bibliography

by
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INSTALLATION, MAINTENANCE AND PROTECTION

The installation of the furnishings in the ward of the hospital should be done in as believable a manner as possible. Each item should have a relationship to the story being conveyed to visitors of sickness and convalescence in a hospital of about the Mexican War period. Articles which ordinarily would not be in the ward should not be displayed in this area. Equipment, such as personal belongings, surgeon's instruments, etc., customarily were not stored in the ward. These were kept in the storeroom or in the surgeon's office on the lower floor. Unless special interpretation is planned, this type of thing should be displayed elsewhere.

The ward should look neat but not artificial. The beds are focal points of interest. They may be shown in several different ways. When not in use, the mattresses of army beds usually were folded over and placed at the heads of the bunks. This practice probably was followed in the hospital. It may be desirable to have some of the mattresses spread out on the beds and others rolled up in anticipation of new patients. The table on which the patients ate should show some wear and stains from frequent use and cleaning. A bedside table top might have a stain from spilled medicine that was cleaned up but had eaten into the finish. Burned pipe ashes or chewing tobacco should be found in the box placed for that purpose. Since fresh candles would not have been placed in the candle-

holders until needed, the candles should be burned for awhile to look used.

A flag is displayed over the mantel of the fireplace. During the Fourth of July and on other patriotic holidays, bunting could be draped over the doorways and windows and crossed flags with the correct stars displayed on the wall between the doors or between the windows. In the spring and summer months, a vase of wild flowers might be placed on the center table or on the mantel. Conceivably one of the ladies at the post might have gathered wild flowers and sent a bouquet to the sick. At Christmas time, the ward could be decorated with greens, a custom of the period.

Maintaining the hospital is vitally important. The ward should be dusted and swept each day; and since there are no curtains or blinds, the windows will have to be cleaned periodically. All brass and copper should shine as brightly as it did originally. The mattresses are filled with approximately 12 pounds of hay or straw. It is recommended that the hay or straw be changed frequently. Hay, particularly, will give a fragrance to the room that will be noticeable and is desirable. At the present time the National Park Service is preparing a manual for keeping house in historic homes and buildings. It is recommended that the policies proposed in this manual be followed in the hospital ward.

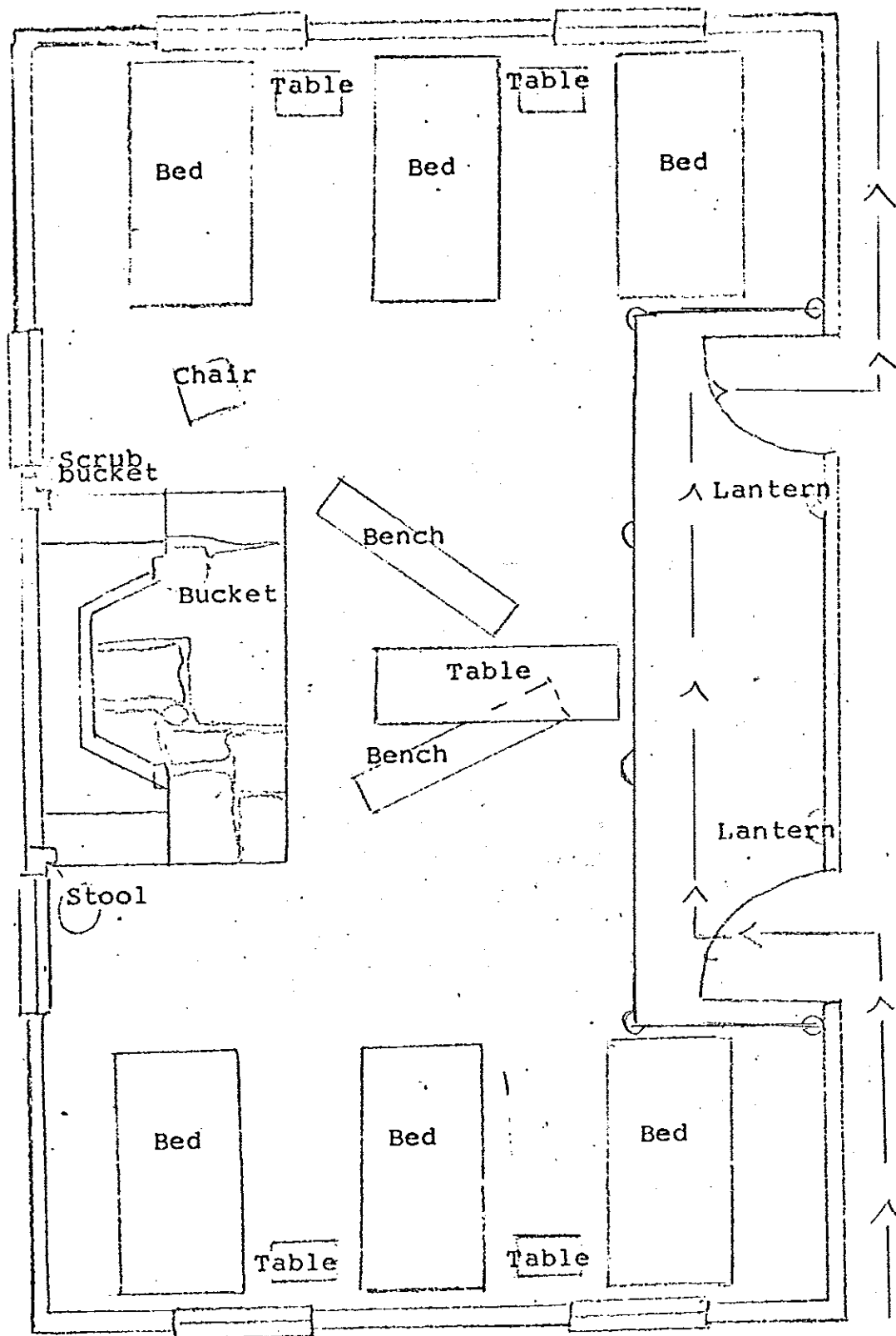
Since a single ward only is to be refurnished to its original appearance, protecting the furnishings will pose no problem if a guide is stationed in the room. If the room is to be left unprotected and a self-guiding plan instituted, it will be necessary to fasten unobtrusively such items as the medicine bottle, tin spoon,

book, tin box, etc. on the bedside tables, the cards on the center table, and the smaller items on the mantel of the fireplace. Protecting such items is always a real problem, and there is no deterrent to a determined collector. Fine wires passed through cracks in the table tops or attached underneath on the far side of the table sometimes work as well as anything. The wire should match the surface it covers. Usually the wire will cause enough trouble in removing articles to force the thief to abandon his object. The dipper in the pail can be fastened by wire to the handle and the cloth cover used to conceal the means. The playing cards cannot be fastened by wire. Perhaps the cards should be reproductions or home-made playing cards, which are easily replaced. (Even during the Civil War, soldiers cut and marked cards for their games.) A plastic wax is available to fasten such items, but the protection it provides is limited.

Since the parking lot is adjacent to the hospital, visitors will enter it from the south stairway and porch. Exhibits in the hall will introduce them to the history of the post. They then may either visit the audio-visual room or the refurnished ward. The tour through the ward that is proposed here allows visitors to step into and through the room. Since indiscriminate wandering around only will spoil the enjoyment of others, particularly when visitation is heavy, it is recommended that some type of barrier be placed in the room to guide visitors through the room and to the exit. These barriers should be as unobtrusive as possible. Hope-

crowded

fully, their presence will eliminate congestion and allow visitors to continue on to the audio-visual room or to the porch for a guided tour of the post.



N

WARD

approx.
 $\frac{1}{4}" = 1'0"$

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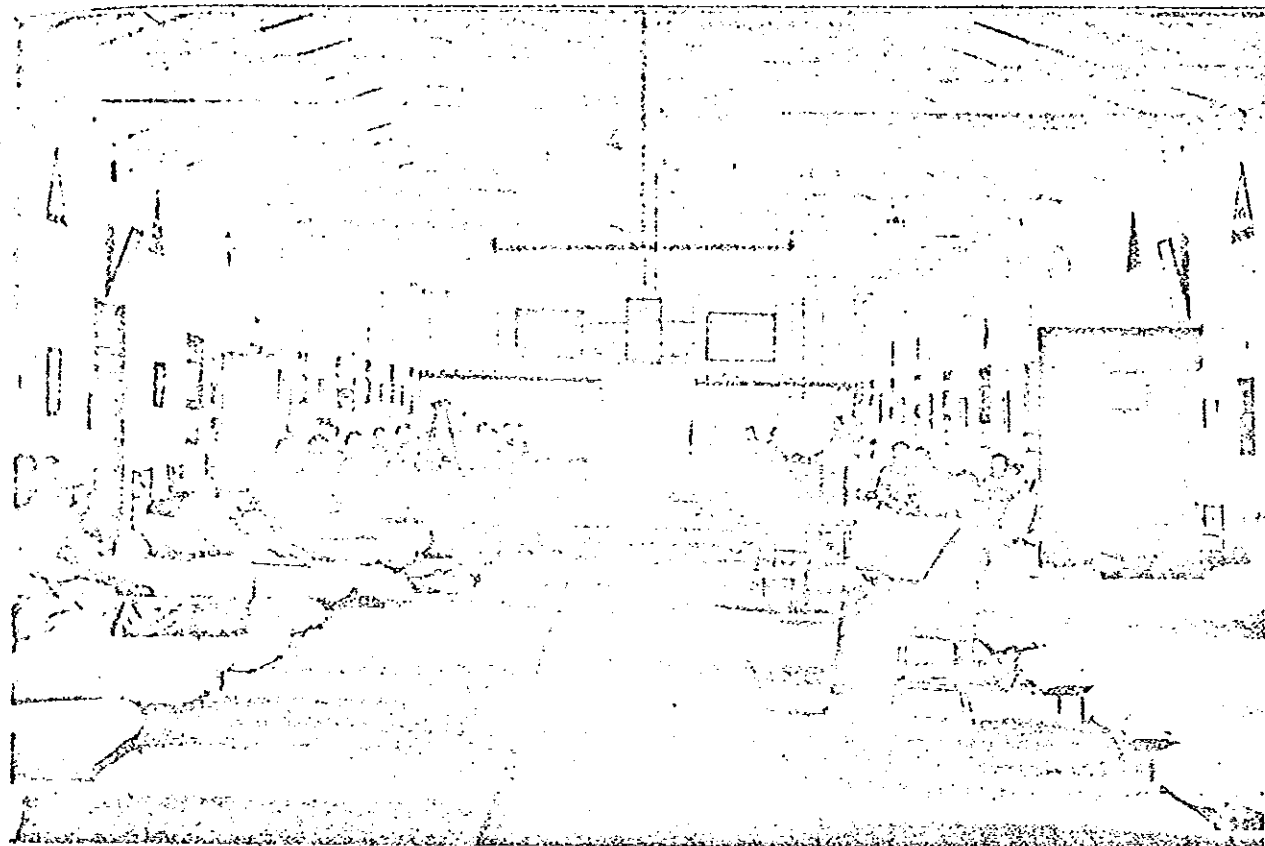
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THE SANITARY COMMISSION A SUCCESS—WOMEN IN THE FIELD, 1864

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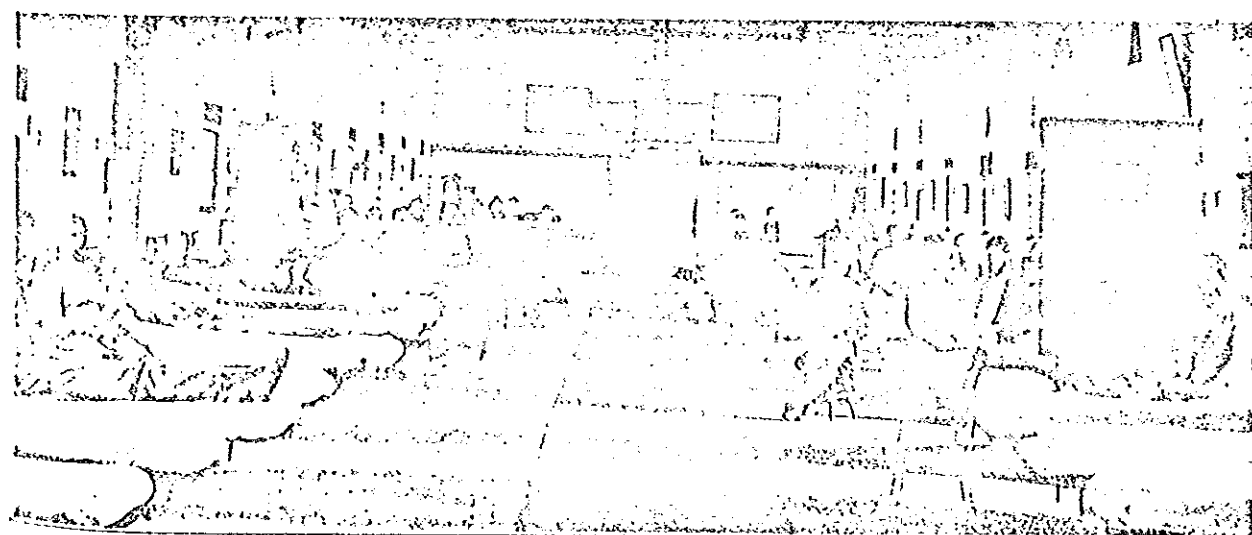
The creation of the Sanitary Commission was due to the desire of women to be of real, tangible help in the war. The plan at first met with little favor at Washington. The medical corps was indifferent, if not actually hostile, and the War Department was in opposition. But finally the acting surgeon-general was won over, and the plan took definite shape. The idea was to inquire into the recruiting service of the several States, to look into the subjects of diet, clothing, cooks, camping-grounds, in fact everything connected with the prevention of disease; and to discover methods by which private and unofficial interest and money might supplement the appropriations of the Government. During the first two years of the war, the camps of several hundred regiments were visited by inspectors appointed by the Commission, who advised the commanding officer as to proper location and sanitation.



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INSIDE A FEDERAL GENERAL HOSPITAL—THE ARMORY SQUARE, WASHINGTON

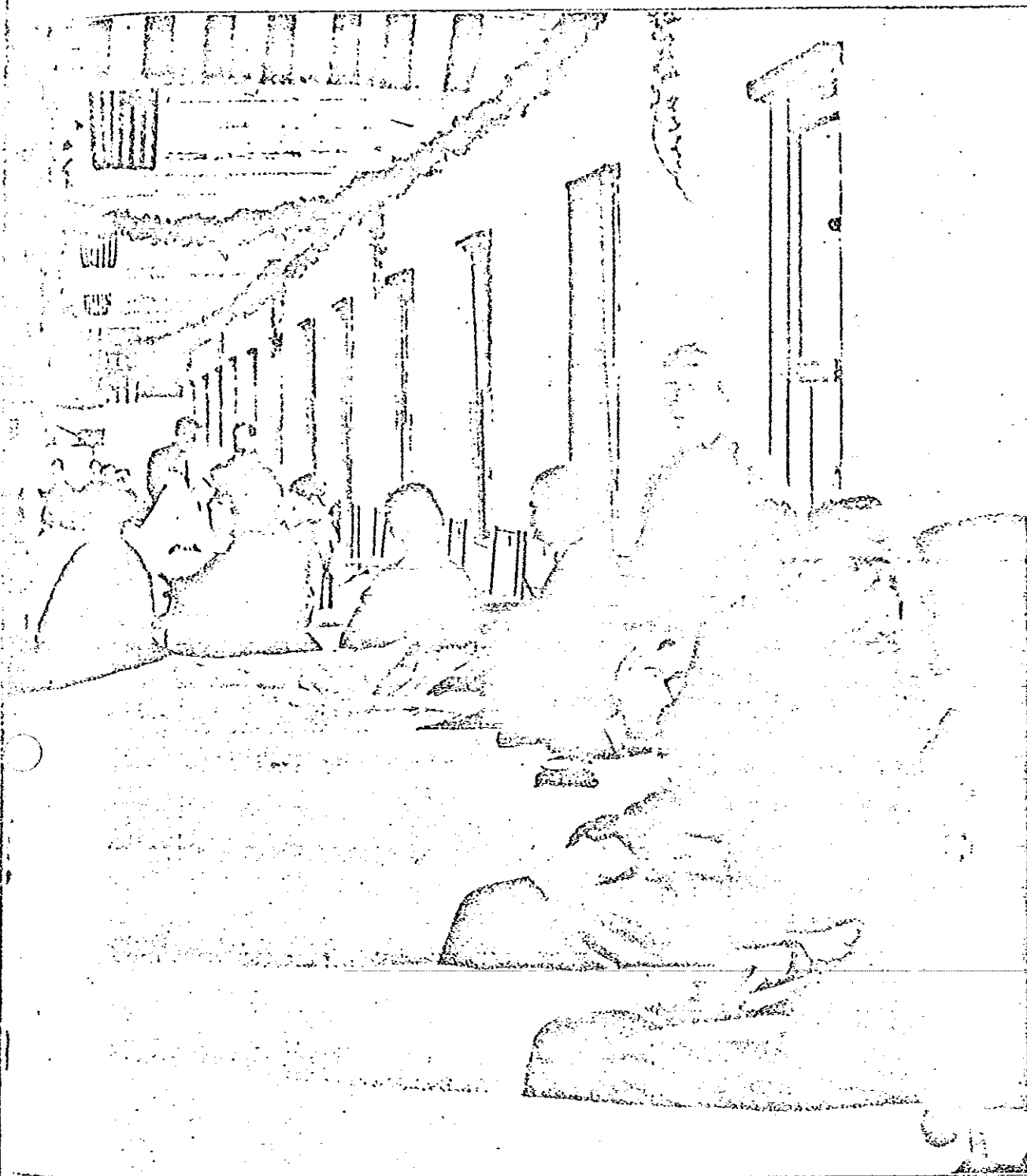
In the first part of the war, whenever the capacity of the regimental hospital canvas was exceeded, some neighboring dwelling-house would be taken over as a hospital annex. When it was fully recognized that the chief duty of the medical department at the front was the getting rid of the sick and wounded, after such preliminary assistance as put them in suitable condition to withstand the journey to the rear, the importance of the function which the general hospitals performed was better appreciated. At once the establishment of general hospitals, of suitable size and at convenient points, was pushed with great vigor. Shortly many such hospitals were in operation which, though perhaps in buildings of only temporary character, rivaled the best civil hospitals in completeness of equipment and professional service, and far surpassed the very largest of them in accommodations for patients. The best type of army hospital was constructed on the unit and pavilion system, which permitted prompt and almost indefinite enlargement at need.



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ANOTHER VIEW OF WARD K AT THE ARMORY SQUARE

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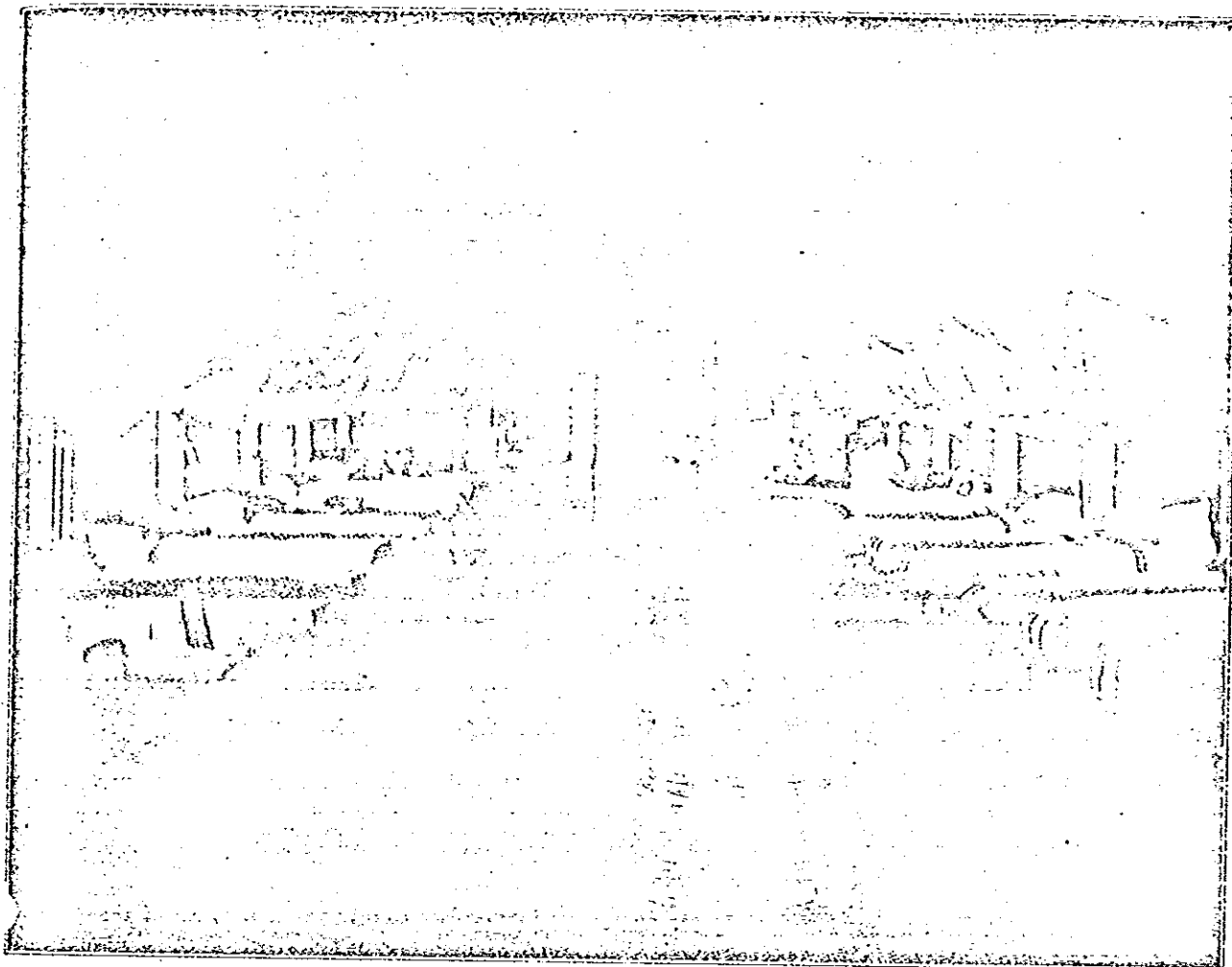
CARVER HOSPITAL IN WASHINGTON, SEPTEMBER, 1904:

patients and the protection of property, was usually composed of convalescent patients and members of the Veteran Reserve Corps. The surgeon in command of a general hospital had full military control over all persons and property connected with his institution. He reported directly to the War Department and surgeon-general and received his orders therefrom. He usually had one or more assistants. The medical staff ordinarily numbered about one to each seventy-five patients. A medical officer of the day, detailed by roster, was always on duty, performing routine duties in relation to the proper management of the hospital and responding to any emergency in professional, administrative, or disciplinary matters. The ward surgeons had duties almost exclusively professional and similar to those performed by the resident physicians of civil hospitals. Two women are sitting by one of the cot-



A PHOTOGRAPH WHICH HELPS TO EXPLAIN THE NATIONAL PENSION ROLL

The figure farthest to the right, with the white cross on his breast, was recognized as his own portrait, a generation after the war, by Henry W. Knight, of Company B, Seventh Maine Volunteers, one of the veterans associated with the preparation of this Pictorial History. The cross is the corps badge of the Sixth Corps. The man on his right is Cephas McKelvey, of the Eleventh Pennsylvania Volunteers, who was wounded in the arm. Both men were convalescent. The personnel of these hospitals consisted of the surgeon in command, assisted by an executive and professional staff, and with the necessary number of stewards, clerks, attendants, cooks, laundry workers, guards, etc. Nursing and similar work was either done by details of soldiers from the line of the army or by civilians hired or volunteering for such duty. The guard, necessary for the maintenance of order, restraint of convalescents



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very great. During the first eighteen months of the war, reports of surgical operations performed were not made by the surgeons, and no record exists of their nature and number. But such reports for the remainder of the war were very complete. They show, of ordinary accidents such as might occur in civil life, including burns and scalds, contusions, sprains, dislocations, fractures, incised and punctured wounds (not made by weapons of war), and poisoning, a total of 171,565 cases, with 3,025 deaths. Early in 1862, the aggressive movement of troops vacated a large number of rough barracks which they had previously occupied. Advantage was taken to fit them up hastily as hospitals to receive the sick removed from the troops thus taking the field. Generally speaking, none were wholly satisfactory for their new purpose, either from site, sanitary condition, arrangement, or construction. Nor were even water supply and sewage facilities always suitable. Toward the close of the first year of the war, the medical department, backed by the Sanitary Commission, urged the importance of building in advance well-planned hospitals, constructed on the pavilion principle, instead of waiting until emergency existed and then occupying hotels and other buildings poorly adapted for use as hospitals. The work of constructing such hospitals was shortly begun. As these were not intended to be permanent structures and were generally frame buildings of a simple character, the work of their construction could be rapidly accomplished. As an example of the rapidity of such work, the contractor for the Satterlee Hospital, in Philadelphia, agreed to construct it, with a capacity of twenty-five hundred beds, in forty days. Work was not entirely completed at the expiration of the contract period, but so much had been accomplished that its organization was begun by the surgeon in command on the very date specified. This hospital was subsequently expanded to a capacity of thirty-five hundred beds.